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FAX NO. 8602860115

P. 02/06

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023113 7590 03/09/2005

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06/03/2005 HGBREM2 00000029 070845 10063531

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Patricia DiGregorio

(Depositor's name)

Patricia DiGregorio

(Signature)

June 2, 2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/063,531	05/02/2002	Kevin Franklin King	GEM 0015/121127	9574

TITLE OF INVENTION: METHOD AND SYSTEM FOR IMAGE RECONSTRUCTION

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/09/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
BHATTACHAR, ANAND P	2623	382-128000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.63).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SU-122) attached.☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SU-147; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

**GE Medical Systems Global
Technology Company, LLC**

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

Waukesha, WisconsinPlease check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies _____

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Date **June 2, 2005**Typed or printed name **Philmore H. Colburn II**Registration No. **35,101**

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